STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315057	A. BUILDING _____ B. WING _____	C 01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	**200 RT 10 WEST SUCCASUNNA, NJ 07876**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

A Life Safety Code Survey on-site visit was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 1/27/22. The Facility was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.

During the visit, the surveyor reviewed all provided documentation, for approval as requested by the facility (Merry Heart) to implement 26 licensed nursing home beds on the third floor of their Assisted Living building which is 50 feet across a driveway from their licensed nursing home building. Merry Heart would now have SNF beds in two buildings, 50 feet apart, at the same location but different addresses:

Nursing home address: 200 Route 10 West Succasunna, NJ 07876
Assisted Living home address: 118 Main Street Succasunna, NJ 07876

Two LSC surveyors conducted the observation with facility Maintenance Director and assistant Maintenance staff member. The building tour covered the entire third floor and three egress/exit stairwells top to egress/exit door's to the public way and building utilities.

Resident rooms observed: 301-2, 302-2, 303-1, 304-1, 305-1, 306-1, 307-1, 308-1, 309-1, 310-1, 311-1, 312-1, 314-1, 315-1, 316-1, 317-1, 318-1, 319-1, 320-1, 321-1, 322-2, and 323-2.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/07/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315057	A. BUILDING _____ B. WING _____	C 01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	200 RT 10 WEST SUCCASUNNA, NJ 07876

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 Common areas observed: clean and dirty utility room, electrical closets, dining room, activities room and nurse station, including fire extinguishers, fire alarm panel annunciator, fire alarm pull boxes annd all building utilities. The Administrator was informed of the findings during the exit conference. As a result of this onsite visit, it was determined that the Facility was not "resident ready." The Facility may not occupy the 26-beds on the third-floor until notified approval by the state of New Jersey Licensing Unit and New Jersey Health Department.	F 000		
F 924 SS=F	Corridors have Firmly Secured Handrails CFR(s): 483.90(i)(3) §483.90(i)(3) Equip corridors with firmly secured handrails on each side. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 01/27/22, it was determined that the facility failed to ensure that corridors were equipped with firmly secured handrails on each side. This deficient practice was identified for the entire 3rd-floor of the Assisted Living building that will be converted into 26 licensed SNF beds. The Maintenance Director and Assistant Maintenance staff member stated and confirmed, that the 3rd-floor of the Assisted Living Building that will be converted into 26 SNF beds, required the corridor's to have firmly secured handrails on each side.	F 924	We have rescinded this project to convert the 3rd floor of our Assisted Living Unit to 23 Skilled/Nursing Home beds. The 23 beds will remain Assisted Living beds.	1/28/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315057	A. BUILDING _____ B. WING _____	C 01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	**200 RT 10 WEST SUCCASUNNA, NJ 07876**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 924	Continued From page 2 The Administrator was notified of the finding at the Life Safety Code exit conference. NJAC 8:39-31.2(e)	F 924		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315057	A. Building B. Wing	1/28/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	200 RT 10 WEST SUCCASUNNA, NJ 07876

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0924 Reg. # 483.90(i)(3) LSC	Correction Completed 01/28/2022	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON
1/27/2022

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315057	A. BUILDING **01** B. WING _____	C **01/27/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	**200 RT 10 WEST** **SUCCASUNNA, NJ 07876**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 1/27/22. The Facility was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. During the visit, the surveyor reviewed all provided documentation, for approval as requested by the facility (Merry Heart) to implement 26 licensed nursing home beds on the third-floor of their Assisted Living building which is 50 feet across a driveway from their licensed nursing home building. Merry Heart would now have SNF beds in two buildings, 50 feet apart, at the same location but different addresses: Nursing Home: 200 Route 10 West Succasunna, NJ 07876 Assisted Living: 118 Main Street Succasunna, NJ 07876 Two LSC surveyors conducted the observation with facility Maintenance Director and assistant Maintenance staff member. The building tour covered the entire third-floor and three egress/exit stairwells top to egress/exit door's to the public way and building utilities. Resident rooms observed: 301-2, 302-2, 303-1, 304-1, 305-1, 306-1, 307-1, 308-1, 309-1, 310-1, 311-1, 312-1, 314-1, 315-1, 316-1, 317-1, 318-1, 319-1, 320-1, 321-1, 322-2, and 323-2.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/01/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315057	A. BUILDING **01** B. WING _____	C **01/27/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	**200 RT 10 WEST** **SUCCASUNNA, NJ 07876**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	Continued From page 1 Common areas observed: clean and dirty utility room, electrical closets, dining room, activities room and nurse station, including fire extinguishers, fire alarm panel annunciator, fire alarm pull boxes annd all building utilities. The Administrator was informed of the findings at the exit conference. As a result of this onsite visit, it was determined that the Facility was not "resident ready." The Facility may not occupy the 26-beds on the third floor until notified approval by the state of New Jersey Licensing Unit and New Jersey Health Department.	K 000		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 01/27/22, it was determined that the facility failed to provide an operational battery backup emergency light above the emergency generator's transfer switches, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced for 2 of 2 transfer switches, observed by the following: At 10:28 AM, the surveyor, Maintenance Director and assistant Maintenance staff member, observed in the basement main electrical room,	K 291	We have rescinded this project to convert the 3rd floor of our Assisted Living Unit to 23 Skilled/Nursing Home beds. The 23 beds will remain Assisted Living beds.	1/28/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315057	A. BUILDING **01** B. WING _____	C **01/27/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	**200 RT 10 WEST** **SUCCASUNNA, NJ 07876**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 291	Continued From page 2 where the generator transfer switch was located, that no emergency lighting was provided. The ceiling light was shut-off and no emergency lighting was provided over the emergency generator transfer switch. This finding was verified by the Maintenance Director and assistant Maintenance staff member at the time of observation. The Administrator was notified of the above findings at the Life Safety Code exit conference on 01/27/22. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291		
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)	K 351		1/28/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315057	A. BUILDING **01** B. WING _____	C **01/27/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	**200 RT 10 WEST** **SUCCASUNNA, NJ 07876**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 351	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observations on 01/27/22 in the presence of facility Maintenance Director, it was determined that the facility failed to provide automatic fire sprinkler system protection to all areas in accordance with NFPA 13. This deficient practice was evidenced by the following: At 12:50 PM, the surveyor observed that there was no fire sprinkler protection provided to the outside overhang porch on the first floor. The double doors indicated "Skilled Nursing Entrance." The outside overhang measured approximately 8' x 50'. The outside overhang ceiling was covered in a vinyl/plastic like plank material. An interview was conducted with the Maintenance Director during the observation, where he stated and confirmed that the outside overhang did not have any fire sprinkler coverage. The Administrator was informed of the observation at the life safety code exit conference. NJAC 8:39-31.2(e) NFPA 13, 25	K 351	We have rescinded this project to convert the 3rd floor of our Assisted Living Unit to 23 Skilled/Nursing Home beds. The 23 beds will remain Assisted Living beds.	
K 531 SS=D	Elevators CFR(s): NFPA 101 Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated	K 531		1/28/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315057	A. BUILDING **01** B. WING _____	C **01/27/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	**200 RT 10 WEST** **SUCCASUNNA, NJ 07876**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 531	Continued From page 4 monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by: Based on interview on 01/27/22, the facility failed to 1.) ensure that elevators were inspected and tested monthly in accordance with NFPA 101, 2012 Edition, Section 19.5.3, 9.4.2, 9.4.3, 9.4.6, 9.4.6.2 and ASME A17-1 Safety Code for Elevators and Escalators 2004 Edition Section 8.11.1.3 and Table N. 2.) failed to maintain elevator emergency communication for 2 of 2 passenger elevator telephones tested, in accordance with ASME/ANSI A17.3. This deficient practice was identified for 2 of 2 elevators and evidenced by the following: 1. At 11:18 AM, the surveyor interviewed the Maintenance Director, at the start of the building tour who stated that he currently did not have a record that Firefighter's Monthly Service test was performed and documented monthly. 2. At 11:56 AM, the surveyor had the Maintenance Director conduct a test of the emergency communication telephone system in	K 531	We have rescinded this project to convert the 3rd floor of our Assisted Living Unit to 23 Skilled/Nursing Home beds. The 23 beds will remain Assisted Living beds.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315057	A. BUILDING **01** B. WING _____	C **01/27/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	**200 RT 10 WEST** **SUCCASUNNA, NJ 07876**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 531	Continued From page 5 the (2) facility's passenger elevators. The emergency telephone did not function properly at the time of the observation, when the emergency telephone was tested in both elevator's the communication was muffled with static, and clarity was not present in the event a resident needed assistance in an emergency. The Maintenance Director stated and confirmed this observation. The alarm bell was activated and worked properly during the observation. The Administrator was informed of this finding at the Life Safety Code exit conference on 01/27/22. NJAC 8:39-31.2(e) ASME/ANSI A17.3	K 531		
K 781 SS=D	Portable Space Heaters CFR(s): NFPA 101 Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This REQUIREMENT is not met as evidenced by: Based on observations and interview on 01/27/22, in the presence of the Maintenance Director, it was determined that the facility failed to prohibit portable electric heaters in resident areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). This deficient practice was evidenced by the following:	K 781	We have rescinded this project to convert the 3rd floor of our Assisted Living Unit to 23 Skilled/Nursing Home beds. The 23 beds will remain Assisted Living beds.	1/28/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315057	A. BUILDING **01** B. WING _____	C **01/27/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	**200 RT 10 WEST** **SUCCASUNNA, NJ 07876**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 781	Continued From page 6 At 12:12 PM, the surveyor and the Maintenance Director, observed a portable electric heater under the reception desk in the main lobby. The portable electric heater was plugged in and stored around combustible material. The heater produced 1500 watts of heat when turned on the full power setting. The heating element was exposed and would exceed 212 degrees Fahrenheit. The portable electric heater was labeled "activities". The heater was not "ON" at the time of observation. In an interview at the time of the observation, the Maintenance Director stated and confirmed that no portable heater's should be used in the facility, with heating elements that exceeded 212 degrees Fahrenheit. The Administrator was informed of the deficiency at the life safety code exit. NJAC 8:39-31.2(e)	K 781		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315057 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	1/28/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY HEART NURSING HOME	200 RT 10 WEST SUCCASUNNA, NJ 07876

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0291	01/28/2022	LSC K0351	01/28/2022	LSC K0531	01/28/2022
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0781	01/28/2022	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
1/27/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO